

My name is Tom Fiorentino. I am the co-chair of the Governor's Waiting List Task Force. I live in West Hartford with my wife and 24 year old son, Dan, who has an intellectual disability.

Dan is on the DDS waiting list for residential services. He, along with approximately 2000 other of your constituents, has no prospect of ever receiving those services until- in accordance with the de facto policy of the State of Connecticut- his mother and I are both either dead or permanently incapacitated.

I support Raised Bill 1088 for a variety of reasons. Sen. Ted Kennedy Jr. has aptly described these institutions as a form of apartheid. They unnecessarily, and at great human and fiscal cost, isolate and segregate.

But I also support the bill because it takes a step, if done correctly, towards obtaining needed resources for the waiting list while ensuring a continuum of high quality care for those currently served in those institutions.

The first question in the analysis has to be this: would closing the institutions harm the current residents. Obviously people have different opinions, and those opinions must be respected.

But sometimes, in addition to opinion, we have exhaustive research that can elevate and illuminate our discussion. We are fortunate that, in the area of de-institutionalization, we have that research.

And it establishes, unequivocally, that former institution residents are, by every measure, better off when served in community settings.

Once that critical question is answered in the affirmative, we are then permitted to turn to the issue of the cost of these institutions.

Connecticut's institutions are not only expensive when measured against the cost of comparable care in our state, they are expensive when measured against other public institutions in the United States.

In 2013 there were only three states where institutional care cost more than in Connecticut. And Connecticut is moving in the wrong direction.

The Administration routinely dismisses any number that anyone produces when it comes to the cost of institutions in Connecticut. Fully aware that this number will also be dismissed, I still want to give it to you. It comes from the very well respected University of Colorado State of the States study of the cost of care in all 50 states. The cost per person per year in Connecticut was \$413,815 dwarfing the cost of comparable care in the community.

Given these huge costs, it is simply hard to believe that, were we to close the institutions and keep the money in the DDS system- that it would not free up funds to serve those who- right now- have no chance of a placement until, in the reprehensibly cruel Connecticut system that shows no signs of changing- their last caregiver is either dead or permanently incapacitated.

I just want to add a brief comment about the study required by the bill. It is essential that the study be conducted as objectively and independently as possible.

I do not believe this can happen unless outside professionals are involved who not only understand the best practices in the area, but whose objectivity is not compromised by allegiance or commitment to any interest group. If the report is crafted solely by public employees, we will not have that objectivity, and as a consequence, the report will lack credibility.